

Ontario Dental Association



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B R I E F

Submitted to

THE MEDICAL SERVICES INSURANCE ENQUIRY

by

THE ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

and

THE ONTARIO DENTAL ASSOCIATION

November, 1963.

MR CARMEN A. NAYLOR



I. Am dentists requesting

(a) inclusion of dental services in coverage — no.

(b) " " oral surgery only " "

— if latter, what does it include?

Oral surgeons — 40.

Dentists — 2600.

\$ 1,600/yr

2600 42,000.00

\$ 7

Demom requested to supply list  
of those services supplied by  
dentists & oral surgeons, that  
should be covered in the Act.





# ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

## THE ONTARIO DENTAL ASSOCIATION



230 ST GEORGE STREET TORONTO 5, ONTARIO

November 14, 1963

Dr. J. Gerald Hagey, Chairman,  
Medical Services Insurance Enquiry,  
Room 418, 67 College Street,  
Toronto 1, Ontario.

Dear Dr. Hagey:

The Royal College of Dental Surgeons of Ontario, the statutory or licensing authority of the profession and the Ontario Dental Association, the voluntary organization of Ontario dentists, are grateful for the privilege afforded to express the views of the dental profession of Ontario on the provisions of Bill 163 -- An Act Respecting Medical Services Insurance. To the extent possible our observations have been directed to the proposed statute unencumbered by statements bearing upon the policies of dentistry in respect of health insurance. This subject was enunciated in some detail in the Brief of the Canadian Dental Association to the Royal Commission on Health Services presented in March, 1962.

The dental profession in this province recognizes as its fundamental objective the provision of the best possible dental service for the people of Ontario. To this end we are well on record that we will co-operate with authorities in the formulation of plans designed to improve dental health. We have approved the principle of contributory health insurance, provided that such plan or plans assure the development of both preventative and treatment services of the highest standard and that the terms of such arrangements are fair and equitable both to those who receive the service and those who provide it. It is in this spirit that this Brief is presented.

Yours respectfully,

W. Wesley Philp, D.D.S., President,  
The Ontario Dental Association

Aileen M. Durham, Secretary,  
The Ontario Dental Association

William G. Bruce, D.D.S., President,  
Royal College of Dental Surgeons of Ontario

Wesley J. Dunn, D.D.S., Registrar-Secretary,  
Royal College of Dental Surgeons of Ontario



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B R I E F  
of the  
ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO  
and  
THE ONTARIO DENTAL ASSOCIATION  
TO  
THE MEDICAL SERVICES INSURANCE ENQUIRY  
ON BILL 163  
AN ACT RESPECTING MEDICAL SERVICES INSURANCE

1. The Royal College of Dental Surgeons of Ontario and the Ontario Dental Association would, respectfully, oppose the enactment, in its present form, of Bill 163, An Act Respecting Medical Services Insurance. The proposed statute defines the scope of benefits which will accrue to the beneficiaries of all medical services insurance contracts in the Province of Ontario. In effect, such benefits will entitle the beneficiary to reimbursement for fees paid for all medical and surgical services except those specifically excluded in Schedule A of the Act. Notwithstanding the exclusion of "dental services" in Schedule A, there are many services residing within the legal and academic competence of dentists which are frequently rendered by physicians. It would appear that Bill 163 would entitle beneficiaries to these services when they are performed by a physician, but would deny entitlement for the same services when they are performed by a dentist. With respect, we believe this to be both unjust and discriminatory.





2. It is unjust in that the patient-beneficiary is denied the right to select from among those duly qualified by training and licensure to perform services which are provided as a benefit in his contract. It has long been a tenet of the dental profession that the patient must never be denied his unencumbered free choice of legally-qualified practitioner. Bill 163 abrogates this principle. It is discriminatory because it ignores the rights and privileges of a health profession which has enjoyed statutory recognition and self-government in this province since 1868.

3. The opinion of the Wisconsin Department of Insurance given to the Licensed Accident and Sickness Insurers by Charles Manson, Commissioner of Insurance, on the subject of Restrictive Policy Provisions, dated July 30, 1962, states flatly: "An insurer that would deny the payment of benefits to those policyholders who had incurred costs arising out of treatment by a certain type of legally qualified person while at the same time paying benefits to other policyholders for the same treatment performed by a different type of legally qualified person would be guilty of unfair discrimination in the payment of benefits to policyholders."

4. The highly inequitable aspect of allowing benefits for physicians and not dentists has been dealt with by legislation in New York State. There legislation was passed in 1953 which has been interpreted by the New York Supreme Court to allow





benefits to dentists, as well as to physicians licensed to practise in all branches of medicine, in the treatment of oral surgical procedures. United Medical Service v. Holz, 161, N.Y. Supp, 2d 624 (1957).

5. The public policy of the State of Illinois, equally with that of Wisconsin and New York, demands that if compensation is to be allowed for oral surgery, all legally qualified practitioners engaged in such practice must be reimbursed. To do less is to discriminate for it is manifest, patently discriminatory conduct towards dentists for an insurance company or medical plan service company to refuse benefits on the ground that lawful treatment of the oral cavity is not compensable simply because it is not performed by a doctor with the M.D. degree.

6. So illogical is this discrimination that the policyholder or subscriber is deceived. The policyholder or subscriber is left in a complete quandary when he receives, as he frequently does, a letter from his insurance company or medical service plan corporation denying benefits because the procedure in question was not performed by a physician licensed to practise in all branches of medicine--this, although the procedure is named in the contract as covered and although the practitioner (a dentist) performs the operation within the legal scope of his licence. Certainly the average patient does not clearly distinguish between the various specialties of medicine and dentistry--particularly





when, as is a very usual procedure, he is referred by a physician to a dentist for treatment for oral surgery. The distinction may be clear to those skilled in the educational requirement of medicine, but to most laymen such nuances are extremely difficult to discern.

7. The Dentistry Act (R.S.O. 1960, Chapter 91 as amended by 1961-62, Chapter 29) in Section 1 (c) (i) defines "dentistry" or "dental surgery" as "any professional service usually performed by a dentist or dental surgeon, and includes, the diagnosis or treatment of, and the prescribing, treating or operating for the prevention, alleviation, or correction of any disease, pain, deficiency, deformity, defect, lesion, disorder or physical condition of, in or from any human tooth, jaw or associated structure or tissue or any injury thereto."

8. It is, perhaps, axiomatic but nonetheless necessary to enunciate that dental and oral tissues cannot be considered as apart or isolated from the rest of the body. There are oral manifestations of systemic disease and there are prime foci of infection in the mouth which deleteriously affect other parts of the human organism. It is impossible, therefore, to define with even a reasonable degree of precision, when a service is "medical" or it is "dental."

9. The following is a list of services quoted directly from the Ontario Medical Association's schedule of fees effective January 1, 1962 which under Section 17 of the Act shall be the schedule which governs all benefits under a standard medical





services insurance contract or a standard in-hospital medical services insurance contract.

All of these services can be and are being provided by dentists practising their profession within the meaning of The Dentistry Act of Ontario:

### RADIOLOGY

#### HEAD AND NECK

- Mandible
- Temporo-mandibular joint
- Teeth, up to  $\frac{1}{4}$  set
- Teeth, up to  $\frac{1}{2}$  set
- Teeth, full set
- Teeth, bite wing
- Salivary Gland Region

### DIAGNOSTIC AND THERAPEUTIC PROCEDURES

#### NERVE BLOCKS

THERAPEUTIC, with Alcohol and Other Sclerosing Solutions  
 Maxillary or Mandibular Division of Trigeminal Nerve

### SURGICAL PROCEDURES

#### OPERATIONS ON THE MUSCULOSKELETAL SYSTEM

#### FRACTURES

##### Head

- Mandible
  - no reduction--no wiring of teeth
  - closed reduction--including wiring of teeth
  - open reduction--unilateral or bilateral skeletal fixation
- Maxilla
  - no reduction
  - open reduction--simple
  - complicated

#### REDUCTION, MANIPULATION

Temporo--mandibular joint

### OPERATIONS ON THE RESPIRATORY SYSTEM

#### ACCESSORY NASAL SINUSES

#### SUTURE

Closure of antro-oral fistula





OPERATIONS ON THE DIGESTIVE SYSTEM

MOUTH

Incision

Drainage of Ludwig's Angina, Complete Care

Excision

Biopsy  
Simple excision of lesion  
Excision of ranula

LIPS

Biopsy

TONGUE

Biopsy

TEETH AND GUMS

Incision

Drainage of alveolar abscess--general anaesthetic

Excision

Biopsy of gums  
Dentigerous Cyst  
Surgical removal of tooth --  
Extraction of tooth (single)  
Extraction of teeth (multiple)-child  
-adult

Dental Root Resection  
Alveolectomy  
Gingivectomy

~~Dental Fillings~~

~~anaesthesia fee~~

SUTURE

Suture of gums--secondary

PALATE AND UVULA

Incision

Palate abscess

Excision

Biopsy of local lesion

SALIVARY GLANDS AND DUCTS

Incision

Sialolithotomy, under general anaesthesia  
Simple  
Complicated

Excision

Ranula  
Biopsy

10. In the context of biopsy it is interesting to note the comment in Oral Cancer - A Monograph for the Dentist prepared by the American Cancer Society Incorporated and distributed to Canadian dentists by the National Cancer Institute of Canada:





"The dentist is accustomed to working in the mouth with delicate instruments and occasionally in awkward locations therefore he can be dextrous and skilful in obtaining tissue for adequate biopsy. It has been said that only he who is responsible for the definite treatment of the patient with cancer should do the biopsy. This is generally true but the dentist can often obtain a representative piece of tumour tissue that is adequate for diagnosis and if he is qualified by training and feels himself capable of the task he should do so."

11. It should be noted that the Workmen's Compensation Board of Ontario provides payment to dentists as well as physicians for such injuries as fractures of the jaws. The Medical Handbook of the Workmen's Compensation Board comments as follows: "The most frequent problem encountered with fractures of the maxilla and mandible is malocclusion. Management by a team, including surgeon and dentist (preferably an oral surgeon) is encouraged. In any case early consultation with a dentist with reference to securing optimal functional occlusion is desirable." This statement, of course, applies with equal validity to any other surgical procedure which has as its purpose the improvement of functional occlusion.

12. In somewhat similar vein Accreditation Guide No. 3 of the Canadian Council on Hospital Accreditation recognizes the essential inseparability of "medical" and "dental" services: "The extended statement in the Standards on dental services and





medical staff-dental staff relationships, is recognition by Council that total health care of the patient requires better integration of medical and dental services in many hospitals. While the medical and dental staffs are separately organized, the members of these staffs should not deal with each other at arm's length. With the many advances made in modern anaesthesia, surgery and dental surgery, and with the increasing number of traffic accidents which result in maxillary and mandibular facial injuries, it is more important that there be closely co-ordinated team work between members of the medical and dental professions in the hospital."

13. It must be stated, with considerable emphasis, that it is not the Ontario dental profession's desire to have the previously listed services deleted from the benefits to be provided by Bill 163. In fact any statute which purports to provide "medical" benefits but would exclude the above services because they do not reside within the exclusive legal and academic purview of the physician would be something less than acceptable and would, in effect, make a mockery of the apparent intent to provide for at least reasonably comprehensive "medical" care services. The dental profession avers that the above services are vital to health care and accordingly strongly recommends their inclusion. But, with equal vigour, the dental profession protests the discriminatory and economic restriction of these



services to physicians to the exclusion of dentists who are competent by education, training, experience and licensure to provide them as well.

14. In Ontario there are five certifiable specialties in dentistry. One of these is Oral Surgery, the specialty most deleteriously affected by the proposed provisions of Bill 163. A candidate for specialization in oral surgery may be certified by the Royal College of Dental Surgeons of Ontario when he is able to demonstrate that he has been graduated from an accredited dental school and has successfully completed an approved three-year graduate program which includes one year of study devoted to basic science and two years of hospital oral surgery internship. While most oral surgeons do have hospital appointments the vast majority of the oral surgical services they provide are rendered to ambulatory patients within the confines of their own privately-maintained professional offices. If these services were not provided in this way there would be a significant increase in demand on the already over-taxed hospital accommodation in Ontario.

15. Oral Surgery is a most important specialty of dentistry and as far as we are aware no medical school teaches oral surgery. An appreciation of the full ramifications of oral surgery is, we contend, dependent upon a basic dental education for its foundation. We believe, therefore, that the dentist who has met the exacting requirements of an approved graduate





program in Oral Surgery is the practitioner most adequately trained and therefore most competent to provide many of the services listed above from the tariff booklet of the Ontario Medical Association. It is perhaps an understatement to suggest that it is anomalous for a statute apparently to provide benefits for services which are essentially oral surgical in nature but to exclude from participation the specialty group most competent to render them.

16. The provisions of Bill 163 could have a most detrimental effect upon certain aspects of dental education. If the lawful treatment of the oral cavity by a dentist is not compensable within the meaning of this statute it is obvious that in time the lack of effective demand on dentists, particularly oral surgeons, for services they are legally competent to provide would bring into question the need of continuing to include the appropriate training in both undergraduate and graduate programs. Dental education in this province has attained a high standard of quality. The dental profession strongly opposes any statutory provisions which could have the effect of lowering that standard. (The opinion of the Faculty of Dentistry of the University of Toronto on this consideration is attached as Appendix A).

17. It seems patent that any administrative machinery established or augmented for the administration of medical





care services will, of necessity, continue to be employed if and when the plan is extended to include those services which can reasonably be regarded as exclusively dental in character. Certainly no health care plan is complete if it disregards one vital area of health care services. It is of consummate interest to and the concern of the dental profession that such an administrative vehicle be sufficiently flexible that it can encompass the administrative problems which the provision of dental care insurance may create. We contend, therefore, and notwithstanding the apparent restriction of the provisions of Bill 163 to "medical" services that the dental profession is intimately and inextricably involved, and therefore should enjoy a participating role in this important development.

18. To date there has been no direct consultation whatsoever with the dental profession in respect of the provisions of Bill 163. Because we contend that it cannot be assumed that the word "medical" can be employed only when the services of physicians are involved and, for that matter, the word "dental" when only the services of dentists are considered, we believe it is only reasonable and just that there be full consultation with any professional group when its services are affected by legislative enactment.

19. The dental profession in Ontario is possessed of something in excess of 2,500 individual practitioners and we are acutely aware of the complex difficulties of communicating



precisely and accurately with each of them. We believe that this requirement is greatly facilitated if dentists can be shown that their profession has been permitted to assume a participating interest in a development which may significantly affect them and those whom they serve. It is Ontario dentistry's only wish to be co-operative and helpful but it is difficult to act in accordance with such desires when there has been no attempt at consultation even though many of the services which dentists can legally provide are ostensibly included in the benefits of the Act respecting Medical Services Insurance.

20. Harold N. Howell, Managing Director, Medical and Surgical Care, Inc., Utica, New York, delivered an address on April 25, 1963, at Chicago, Illinois, to the American Society of Oral Surgeons, in the course of which he made these remarks:

"We believe that the right to prepay the cost of oral surgery is what the people of our sixteen counties want. That is why we provide the coverage.

"And, speaking of freedom of choice--and one never gets into discussion with professionals in the health field without having this subject arise--we believe that what we are doing enhances that cherished freedom of choice, for our people can choose an M.D. or a D.D.S. for their oral surgery and be covered equally, regardless of their choice.

"In the full year of 1962, 46.7% of the total Blue Shield Claim Dollar of the Utica Plan went for all types of surgery.





"Of that amount 1.36% went for Oral Surgery.

"Of the same 1962 total claim dollar 8.90% was paid for anaesthesia--all types of anaesthesia. Of this amount 1.70% was for anaesthesia associated with oral surgery.

"Adding our total 1962 claims expense for all surgery and all anaesthesia we find that 1.42% was for oral surgery and anaesthesia connected therewith.....

"Our 1962 cost for covering oral surgery and anaesthesia associated therewith, per participant, was exactly ten cents. Ten cents per year, per participant."

21. It should be further pointed out that Mr. Howell was reporting on the Utica Plan which provides coverage for all oral surgical procedures. What we are directly concerned with in connection with Bill 163 is simply compensation for dentists for providing services within their legal competence listed as benefits in the Schedule of Fees of the Ontario Medical Association. The cost per participant per year for providing the benefits included in the schedule would not be materially different if benefits were paid for the services of all legally qualified practitioners.

### Conclusion

22. The Medical Act of the Province of Ontario impliedly authorizes physicians licensed in all branches of medicine to treat all ailments of the human body, without restriction. The





dentist is explicitly authorized by The Dentistry Act of Ontario to treat ailments of the oral tissues and related structures.

Hence, there is an area in and around the oral cavity in which both the medical profession and the dental profession are lawfully entitled to practise. Recognition of the highly developed skills of the dentist and even more specifically, the oral surgeon, has led patients often to choose the dentist as his practitioner of choice in this field. Nevertheless, certain insurance companies and medical service plan corporations refuse to compensate their policyholders and subscribers who have been treated by a dentist. This denial of benefits is discriminatory not only between physicians licensed in all branches of medicine on the one hand, and dentists on the other, but this denial of benefits is also a discrimination against the policyholders and subscribers who have chosen to be treated by dentists. Moreover, this denial of benefits is so illogical as to be deceptive and misleading to the policyholders and subscribers. This denial of benefits also jeopardizes the principle of the right of the patient to exercise free choice in the selection of the legally-competent practitioner to treat his injuries, illness, or condition.

23. The "Explanatory Note" facing page 1 of Bill 163 states "the purpose of this Bill is to make it possible for all residents of Ontario to obtain protection against the cost of medical and surgical care and services." If this is so, then justice and fairness demand that the restrictive clauses, which deny



benefits for treatment performed by dentists when compensation is made for the same procedures if performed by physicians licensed in all branches of medicine, be eliminated from the Bill.





**University of Toronto**

FACULTY OF DENTISTRY

OFFICE OF THE DEAN

124 EDWARD ST.

TORONTO 2, CANADA

November 4, 1963

Wesley J. Dunn, D.D.S.  
Registrar-Secretary  
Royal College of Dental Surgeons of Ontario  
230 St. George Street  
Toronto 5

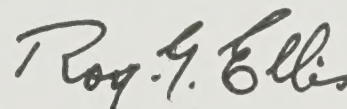
Dear Dr. Dunn:

I understand that the Royal College of Dental Surgeons of Ontario, and the Ontario Dental Association will submit a brief to the Medical Services Insurance Enquiry in respect to the provisions of Bill 163, - "An Act Respecting Medical Services Insurance".

It is apparent that Bill 163 discriminates against members of the dental profession in that it provides compensation for certain aspects of treatment of the oral cavity when rendered by a physician or surgeon, but not for the dentist, who by education and experience is fully qualified to perform the same services.

The Faculty of Dentistry, which is concerned with the education of dentists, both at the undergraduate and graduate levels, would deplore the enactment of legislation which would prejudice the scope and effectiveness of dental education in the future. We would strongly support the Royal College of Dental Surgeons and the Ontario Dental Association in their efforts to ensure recognition of the rights, privileges, and responsibilities of the dental profession to maintain the highest standards of dental education and the rendering of health services in the oral cavity.

Yours sincerely,



Roy G. Ellis  
Dean

RGE:hc









